

MISSISSIPPI STATE BOARD OF PUBLIC ACCOUNTANCY

5 Old River Place, Suite 104
Jackson, Mississippi 39202-3449

APPLICATION FOR CPA LICENSE

- Mississippi has a one-tier system wherein you may receive a CPA only with license to practice public accounting.
- In accordance with Mississippi law, a firm permit is also required for a CPA firm to practice [effective July 1, 1999].
- Type or print all parts of the application. Return this application along with completed and signed *Request for Employment Verification* form(s) along with your check or money order.
- The Mississippi State Board of Public Accountancy will not approve an incomplete application.

State Board File No. _____ Application Dated: _____

Name SS Number: _____
Birthdate: _____

Address CPA examination passed:

City, State, Zip Code State: ① _____

() Date: _____

Telephone

Email: _____

AFFIX A
2x2 PASSPORT
FACE-SHOULDER
PHOTOGRAPH
OF YOURSELF
HERE.

① This form is only for individuals **without** a certificate/license from another state. All who passed the exam in a State other than MS must complete an *Authorization for Interstate Exchange Of Examination and Licensure Information* form. Fee of \$ 50.00

TYPE YOUR NAME **EXACTLY** AS YOU WANT IT TO APPEAR ON YOUR CPA CERTIFICATE OF LICENSURE.

Fees enclosed (Please complete and include check or money order for applicable total.)

CPA License \$ 100.00

Processing fee (Non-refundable)----- 100.00

① Grade/information transfer fee (Include if Applicable \$50.00) _____

TOTAL FEES \$

I hereby make application as a certified public accountant in the State of Mississippi as indicated on this application. ∞ I accept the CPA license with full realization of the responsibilities and obligations which I thereby assume. ∞ I shall abide by the laws of the State of Mississippi, adhere to the *Rules and Regulations* of the State Board of Public Accountancy, and always endeavor to uphold the honor and dignity of the accounting profession.

Notary Public:
Sworn to and subscribed before me on this the
_____ day of _____, ____.

Applicant's Signature

Notary Public's Signature

SEAL

DO NOT WRITE BELOW

Fees: Amount \$	Deposit Date	Approved: Yes	No
CPE(If applicable): # Hours Required	# Completed	Date:	
Experience:		By Board Members:	
If not approved, reason: _____			

APPLICATION FOR CPA LICENSE (Continued)

Applicant's Name: _____ State Board File No. _____

1. Are you under indictment or have you ever been convicted of a felony? _____ Yes _____ No.
If yes, explain in an attached statement.
2. Are you a resident of the State of Mississippi verifiable in accordance with State Board *Rules and Regulations*?
(Submit proof of residency (copy) along with your application.) _____ Yes _____ No.
3. Are you in the practice of public accountancy? _____ Yes _____ No.
If yes, as an: _____ Sole Proprietor? _____ Partner? _____ Professional Corporation Shareholder? _____ Staff member?
4. Schedule below *all* past and current employment within the last ten years, listing most current first. Complete a *Request for Employment Verification* for each employer listed.

Employer name & address	Empl. telephone	From	To	Title or Position

CANDIDATES WHO *DID NOT* PASS THE CPA EXAMINATION AS A MISSISSIPPI CANDIDATE:

List below the colleges and/or universities attended. An official transcript from each must accompany this application.

College or university & address	Degree	Date	Total Hours	Upper Div. & <u>Business</u>	Graduate Hours <u>Accounting</u>

Complete an *Authorization for Interstate Exchange Of Examination and Licensure Information* form, send to your Board where you passed the CPA examination for completion, signature and certification, and return to the Mississippi State Board of Public Accountancy.